

FORM 6-A—CONSENT FOR OPERATION OF STERILIZATION.

NORTH CAROLINA,

----- COUNTY.

In Re: Sterilization

of -----

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PARENT, GUARDIAN,
SPOUSE, OR NEXT OF KIN

I, the undersigned -----, do hereby give my
(Name and relationship to patient)

permission to -----
(Name and title, as Director of Public Welfare or Supt. of State Institution where patient is an inmate.)

to institute proceedings before the Eugenics Board of North Carolina for the sterilization of -----

-----, and I do hereby give my consent to the perform-
ance of such operation, said operation to be performed in accordance with the authorization of said
Board.

Signed: -----
(Signature of parent, guardian, spouse, or next of kin)

VERIFICATION

NORTH CAROLINA,

----- COUNTY.

----- being duly sworn, deposes and says
that he (or she) has read or has heard read the foregoing petition and knows the contents thereof; that
the same is true of his (or her) own knowledge except as to those matters and things therein stated
upon information and belief, as to those he (or she) believes it to be true. Deponent further says that
the above was signed of his (or her) own free will and accord.

Signed: -----
(Signature of parent, guardian, spouse, or next of kin)

Sworn to and subscribed before me, this

----- day of -----.

N. P.; J. P.; or Clerk Superior Court

(SEAL) My commission expires -----.